

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

01/29/04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	2					
4	/					
5	/					
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TOTAL IND.	/					
TOTAL DEP.	21					
TOTAL CLAIMS	21					

	IND	DEP	IND	DEP	IND	DEP
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